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DEPARTMENT OF HEALTH & HUMAN SERVICES-USA

Behavioral Health is Essential To Health



Prevention Works





Treatment is Effective



People Recover

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The presenter Aaron Williams, has no conflicts of interest or financial relationships to disclose.

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CENTER for INTEGRATED
HEALTH SOLUTIONS

**Adapting SBIRT & Increasing
Organizational Capacity to Address
Substance Use & Client Risk Behaviors**



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Learning Objectives

At the end of this session, grantees will be able to:

- Understand the relevance of SBIRT and its applicability to PLWH and at-risk populations.
- Recognize scenarios in which SBIRT can be applied to effectively.
- Identify ways to incorporate and adapt SBIRT techniques in an HIV care-setting, or integrated HIV and behavioral health care-setting, to better meet the needs of PLWH and at-risk populations.
- Analyze and adapt current screening tools for demographic relevance.

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Substance Use Disorders and Chronic Health Problems

In addition to the crime, violence, and loss of productivity associated with drug use, individuals living with a substance use disorder often have one or more physical health problems, including lung disease, hepatitis, HIV/AIDS, cardiovascular disease, cancer, and mental disorders such as depression, anxiety, bipolar disorder, and schizophrenia. (Mertens et al., 2003)

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Key Health Concerns Linked to Substance Use Disorders

- 9 times greater risk of congestive heart failure.
- 12 times greater risk of liver cirrhosis.
- 12 times the risk of developing pneumonia.



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Substance Use and HIV

- People living with HIV (PLWH) have higher rates of substance use than the general population (Meade et al., 2016).
- Injection drug use has been a known risk factor for HIV since the beginning of the epidemic, but other forms of substance use are also a strong predictor of risky sexual behavior (Galvan et al., 2002).
- The use of any substance that impairs judgment and decision making is correlated with high-risk sexual and substance-using behaviors and, as such, presents a major risk for transmission and acquisition of HIV and other blood-borne and sexually-transmitted diseases (Christopoulos, Das, & Colfax, 2011).

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Services Delivery Changes

Under the current law, in new plans and policies, preventive services with a U.S. Preventive Task Force (USPTF) grade of A or B will be covered with no cost sharing requirements.

<https://www.uspreventiveservicestaskforce.org>



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Services Delivery Changes

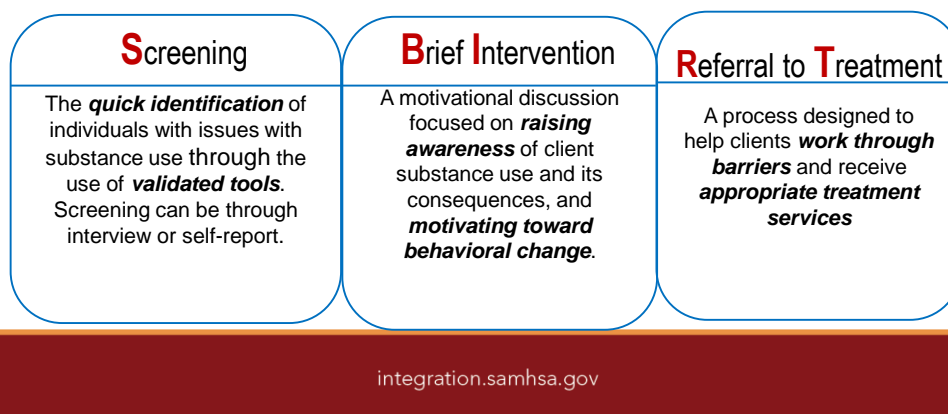
Recommended screens from USPSTF

- **Alcohol Misuse Screening and Behavioral Counseling Interventions (B rating for adults)**
- Screening for Depression (B rating)
- Tobacco Use and Tobacco-Caused Disease, Counseling and Intervention (A rating)
- **HIV screening (A rating)** Adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened
- **Pregnant women (A rating)**, and at labor if untested, or whose HIV status is unknown

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S.B.I.R.T.

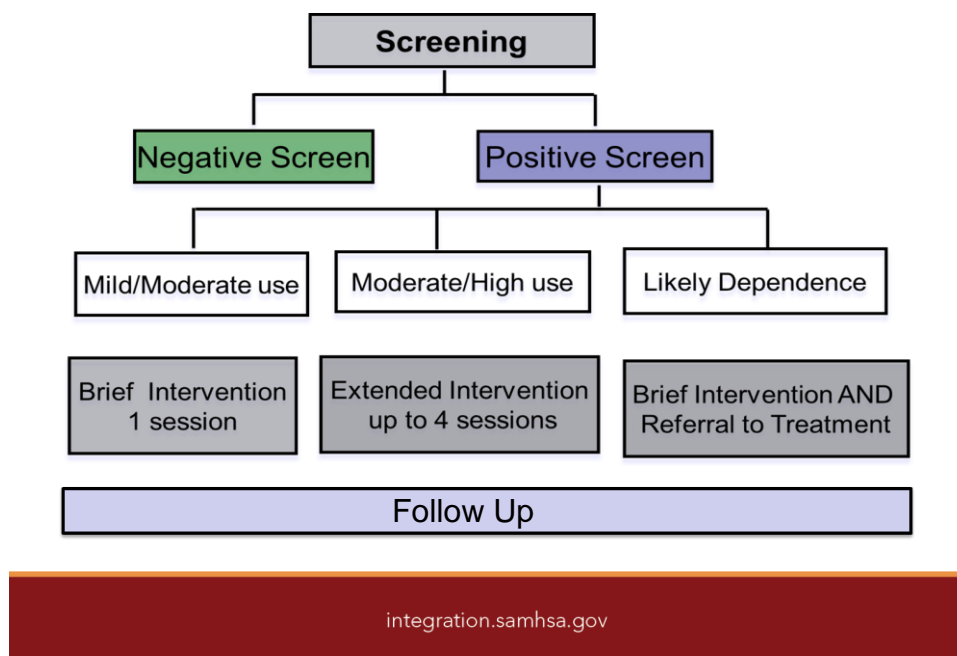
SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment for individuals at risk for the adverse consequences of alcohol and other drug use, and for those with probable substance use disorders (Del Boca, 2017).



What is SBIRT?

- SBIRT is the framework by which providers can make the identification and treatment of substance use disorders a routine part of the healthcare process.
- Provides an opportunity for prevention and early intervention activities designed to reduce risky substance use and the negative consequences of use.
- Designed to be used in a wide variety of settings: mental health, primary care, emergency departments, schools or other non-traditional settings to provide opportunities to intervene BEFORE more severe consequences occur.

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Alcohol and HIV

Alcohol is the most commonly used addictive drug in the United States and excessive alcohol consumption is the third leading preventable cause of death in the United States (Centers for Disease Control and Prevention [CDC], 2012).

- National surveys report that about 53% of patients in care for HIV consumed alcohol in the preceding month; 15% were classified as heavy drinkers (Galvan et al., 2002).
- In PLWH receiving primary care, 11% reported hazardous alcohol use in the previous month (Chander et al., 2008).
- Twenty percent of HIV-infected veterans have been described as hazardous drinkers and 33% as binge drinkers (Conigliaro, Gordon, McGinnis, Rabeneck, & Justice, A, 2003).

What is ONE drink?

- 12 oz. beer
- 8.5 oz. malt liquor
- 5 oz. table wine
- 1.5 oz. hard liquor (brandy; gin; vodka; whiskey)

NIAAA Cocktail Calculator

<http://rethinkingdrinking.niaaa.nih.gov/Tools/Calculators/Cocktail-Calculator.aspx>

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Drinking Limits

LOWER RISK DRINK LIMITS*		
	OCCASION	WEEKLY
WOMEN	3	7
MEN	4	14
OVER 65	3	7
LESS IS BETTER		
IT'S SAFEST TO AVOID ALCOHOL IF YOU ARE <ul style="list-style-type: none"> • taking medications that interact with alcohol • have a health condition made worse by drinking • underage • planning to drive a vehicle or operate machinery • pregnant or trying to become pregnant 		

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Screening

- AUDIT
- DAST
- ASSIST
- CRAFFT
- S2BI
- PhQ9
- TWEAK/T-ACE
- ACEs



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Single-Item Question

1. How many times in the past year have you had X or more drinks in a day?
 - *Where X is 5 for men and 4 for women, and a response of 1 or greater is considered positive.*
2. How many times in the past year have you used an illegal drug or used a prescription medication for non medical reasons?
 - *Where ≥ 1 is considered positive.*

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Sample Screening Tool

DAST-10 Questionnaire

I'm going to read you a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right. You may choose to answer or not answer any of the questions in this section.

These questions refer to the past 12 months.	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	1	0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

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Sample Screening Tool (cont.)

AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:


 12 oz. of beer (about 5% alcohol)
 =
 
 8-9 oz. of malt liquor (about 7% alcohol)
 =
 
 5 oz. of wine (about 12% alcohol)
 =
 
 1.5 oz. of hard liquor (about 40% alcohol)

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
Total					

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Brief Intervention

Raise awareness of risks, elicit internal motivation for change, and help set healthy goals.

The Brief Negotiated Interview Format

1. Raise the subject
2. Provide feedback
3. Enhance motivation
4. Develop a plan



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- How can we **engage** patients in the referral process?
- How will we best **facilitate** access to treatment services?
- How do we **coordinate** care between systems?

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Referral to Treatment: Considerations



- Availability of resources for treatment
- Knowledge by staff on available resources
- Relationships with treatment providers

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Referral to Treatment: Considerations (cont.)

Personalize the process!

- **Facilitate** call to the treatment provider with patient
- **Assure** the appointment is made
- **Assist** with barriers to accessing treatment (shame, access, navigating healthcare system)
- **Avoid** just handing patient “a piece of paper”
- **Document** referral source and date of appointment
- **Follow-up** and provide reminders –release of information to follow-up

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Lessons Learned- Implementation

- Incorporate brief screens into other lifestyle questionnaires.
- Ensure that screening tools are being appropriately introduced and framed in order to prevent patients from feeling “targeted.”
- Motivational interviewing skills are required and strong Brief Interventions (BIs) require practice with peers, supervisors, and clients.
- Patients benefit from referrals that are supported by strong bidirectional relationships & warm hand offs.
- Offer feedback, encouragement and thanks to implementing staff.
- Have a plan for keeping your board, payers, customers and community aware of this new service.
- Train, Train, and more Training for staff.

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[The Case for Behavioral Health Screening in HIV Care Settings](#), authors describe improved patient outcomes noted by programs that instituted SBIRT to screen for SUD.

[Screening, Brief Intervention, and Referral to Treatment: Addressing Substance Abuse in HIV Care Settings](#) is a part of an HIV provider reference series published by Mountain Plains AETC. This publication discusses the importance of effective substance use in HIV care settings, identifies barriers to successful SBIRT implementation, and strategies for adapting SBIRT techniques to better meet the needs of the PLWH population being served.


[SBIRT in HIV Care Training](#) The curriculum outlines a brief intervention tool for use with patients to reduce their at-risk substance use.

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Questions?


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**Adapting SBIRT & Increasing
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Objectives

- Describe SBIRT and its importance with participant population
- Outline SBIRT continuum of care and Integrating Project REACH - MAI-CoC
- Discuss Barriers and Limitations
- Provide Recommendations

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University Of Colorado Anschutz Medical Campus Addiction Research & Treatment Services

- It is the program mission to **save** lives and **improve** the quality of **life** for persons struggling with **substance** use and dependence, through the application of **empirically** supported **treatments**.

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Importance of SBIRT in outcomes of People Living with HIV/AIDS (PLWH)

- SBIRT – Screening, Brief Intervention, and Referral to Treatment
- Adherence to Antiretroviral Therapy (ART) and Substance Use (Arnsten, et al., 2002, Moore, et al., 2012)
- Improved Quality of Life outcomes with Adherence to ART

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Continuum of Care

- Primary Care
- SBIRT/intake
- Case Management
- Medication Assisted/SUD Treatment
 - Behavioral Health
 - Trauma-Informed Care
 - On-going assessments



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Limitations and Barriers

- Staff comfort with SBIRT tool and conversations regarding problematic substance use
- Time/Funding
- Bicultural/Bilingual staff

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Recommendations

- Implementation of SBIRT in HIV Primary Care settings
- Dedicated staff with SUD and clinical background with credentialing to provide service
- Training Case Managers in administering the tool
- SBIRT in Emergency Room/Department settings

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Resources and References

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- SBIRT pocket guides and clinical tools- <http://www.sbirtcolorado.org/resources/>

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